11/3/23, 9:25 AM

Division of Corporations

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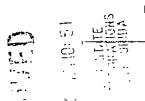
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METER GROUP LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ETER GROUP LLC | | |
|--|--|--------------------------|--|
| (<u>Name of the Limited Liabili</u> (A Fiored: | ty Company as it now appears on our records.) a Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability C | Company were filed on 03/14/2023 | and assigned | |
| Florida document number 123000131699 | <u>_</u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | |
| The new name must be distinguishable and contain the words "Lin | aited Liability Company, the designation "LLC" or to | e abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | 25. | |
| | | • | |
| | | , | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
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| | | (si | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter the n</u> | ame of the new registere | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Physida street address | | |
| | | | |
| | , Florida | Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | Name | <u>Address</u> | Type of Action |
|-------------|-------------------|-----------------------------|----------------|
| MGR | FONT, MARIA CLARA | 4206 EASTGATE DR. SUITE 401 | ■Add |
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| Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | r specific and cannot be pr r does not meet the app | ior to date of filing or (dicable statutory tidi | more than 90 days after. | fiting.) Pursuant to 605.0207 |
| e record specifies a delayed effective d rd is filed. | ate, but not an effective | e (ime, at 12:01 a.m. | , on the earlier of; (b) | The 90th day after the |
| OCTOBER 25TH | 2023 | · | | |
| \wedge | 000 | | | |
| - Si | package of a member of at | nhorized representative | re of a member | |
| | \ | | | |
| | FONT, MA | RIA CLARA | | |